Medicaid: Mental Health Assessment

According to the Utah Medicaid Provider Manual (April 2015), 2-3 Mental Health Assessment: Mental Health Assessment means providers listed below, participating as part of a multidisciplinary team, assisting in the psychiatric diagnostic evaluation process defined in Chapter 2-2, Psychiatric Diagnostic Evaluation. Through face-to-face contacts with the individual, the provider assists in the psychiatric diagnostic evaluation process by gathering psychosocial information including information on the individual's strengths, weaknesses and needs, and historical, social, functional, psychiatric, or other information and assisting the individual to identify treatment goals. The provider assists in the psychiatric diagnostic reassessment /treatment plan review process specified in Chapter 2-2 by gathering updated psychosocial information and updated information on treatment goals and assisting the client to identify additional treatment goals. Information also may be collected through in-person or telephonic interviews with family/guardians or other sources as necessary. The information obtained is provided to the individual identified in Chapter 2-2 who will perform the assessment, reassessment or treatment plan review.

Who:

The following individuals when under the supervision of a licensed mental health therapist identified in Chapter 1-5, A. 1:

- 1. licensed social service worker or individual working toward licensure as a social service worker;
- 2. licensed registered nurse;
- 3. licensed ASUDC, CASUDC, SUDC, CSUDC or ASUDC-I or SUDC-I;
- 4. licensed practical nurse; or
- 5. registered nursing student, engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL, or an individual enrolled in a qualified substance use disorder education program, exempted from licensure in accordance with state law, and under required supervision. Although these individuals may perform this service and participate as part of a multi-disciplinary team, under state law, qualified providers identified in Chapter 2 -2 are the only providers who may diagnose a behavioral health disorder and prescribe behavioral health services determined to be medically necessary to treat the individual's behavioral health disorder(s).

Limits:

- 1. This service is meant to accompany the psychiatric diagnostic evaluation (see Chapter 2-2). If a psychiatric diagnostic evaluation (assessment or reassessment) is not conducted after this service is performed, this service may be billed if all of the documentation requirements in the 'Record' section are met and the reason for non-completion of the psychiatric diagnostic evaluation is documented.
- 2. If the provider conducting the psychiatric diagnostic evaluation defined in Chapter 2-2 obtains all of the psychosocial information directly from the client, only that service is billed. The provider does not also bill this service.

Record:

Documentation must include:

1. date, start and stop time, and duration of the service;

- 2. setting in which the service was rendered;
- 3. specific service rendered (i.e., assessment);
- 4. information gathered; and
- 5. signature and licensure or credentials of the individual who rendered the service.